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MORRISON & FOERSTUR LLP

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June 14, 2006

Number of pages with cover page:	5	Our Reference: 297912001602

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Comments:

Application No. 10/603,952

Attached: 1) RCE Transmittal, 2) Fee Transmittal (original and duplicate), (3) Petition for Extension of Time - 1 page.

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Current Labelmont Legendry	ALI UI 1800, IN	haison and tadouted in	, respond to a domedia								
FOOS PUTSWARK to the Consolidated Appropriations Act, 2005 (H.R. 4018). FEE TRANSMITTAL For FY 2006			Complete if Known								
			Application Number 10/603,952								
			Filing Date		June 25, 2003						
			First Named Inv		Peter L. HARRIS						
			Examiner Name	Examiner Name D. H. Willse							
Applicant claims small ent		37 CFR 1.27	Art Unit 3738								
TOTAL AMOUNT OF PAYME	NT (\$)	910.00	Attorney Docket	Attorney Dockel No. 297912001602							
METHOD OF PAYMENT (METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP											
For the above-identific	d deposit acc	cunt, the Director									
X Charge fee(s) inc				e fee(s) indi	cated below, ex	cept for th	e filing fee				
Charge any edditional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION (All	the fees be	low are due up	on filing or may	be subjec	t to a surcha	rge.)					
1. BASIC FILING, SEARCH, A					•						
	FILING		EARCH FEES		ATION FEES						
Application Type		nall Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Pald (\$)				
Utility	300	150 500		200	100	,,					
1 ' '	· 200	100 100		130	65						
Plant	200	100 300		160	80						
Reissue	300	150 500		600	300						
Provisional	200		0 0	0	0						
	200	100	, ,	v	Ū		Small Entity				
2. EXCESS CLAIM FEES							Fee (\$)				
Fee Description Each claim over 20 (including Reissues)							25				
Each independent claim over		Reissues)				200	100				
Multiple dependent claims						360	180				
Total Claims Extra Cla	ıims Fee	(\$)Fec	Pald (\$) <u>Multiple Dependent Claims</u>								
- 20 =	×			Fee	· (\$) F	ee Pald (<u>a</u>				
HP = highest number of total claims	paid for, if great	ler than 20.					_				
Indep. Claims Extra Cla	ims Fee	(\$) <u>Fee</u>	Pald (\$)								
3=	×	=									
HP = highest number of independer	il claims paid fo	r, if greater than 3.									
3. APPLICATION SIZE FEE					•						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
	a Sheeta		additional 50 or fra		Fee (\$)	Fee	Paid (\$)				
- 10D =		50	(round up to a wh								
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g. late filling surphyrm). 1801 Request for continued examination (RCE) (see 37 790.00											
1251 Extension for response within first month 120.00											
SUBMITTED BY											
Signature				45,218	Telephone	(949) 251-7189					
Name (Print/Type) Todd W. W	ight	0 3	(Altomey/Agent)		Dale	June 14	, 2006				